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The role of language in power and coercion in maternity services

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Version: Poster

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The role of language in power and coercion in maternity services

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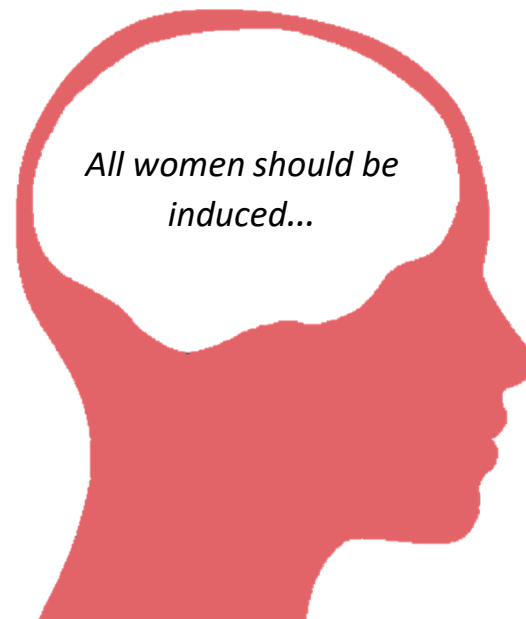
Background

A body of evidence suggests that women may experience a lack of autonomy, feel unable to exercise informed choice, or find decisions are made for them when induction of labour is the recommended plan of care (Coates *et al* 2020, Lou *et al* 2019). This may be because pregnant women are not being provided with the information they need, women may not understand the language used by healthcare professionals, or the language used by health care professionals may suggest a preferred option.

Research Questions

Does the language used by midwives and obstetricians influence the decision making of pregnant women being offered induction of labour?

Do midwives and obstetricians indicate a preference for or against induction of labour through the linguistic strategies they use in their discussions with pregnant women?

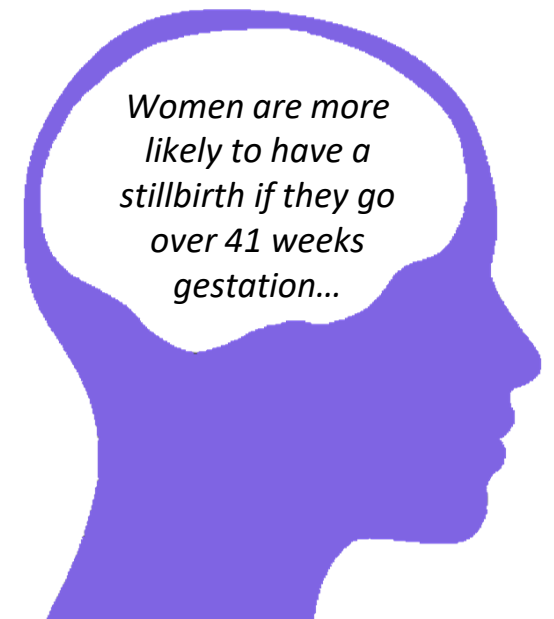


Data Collection

Observation of consultations about induction of labour between pregnant women and midwives or obstetricians will take place in a hospital and community antenatal clinic environment.

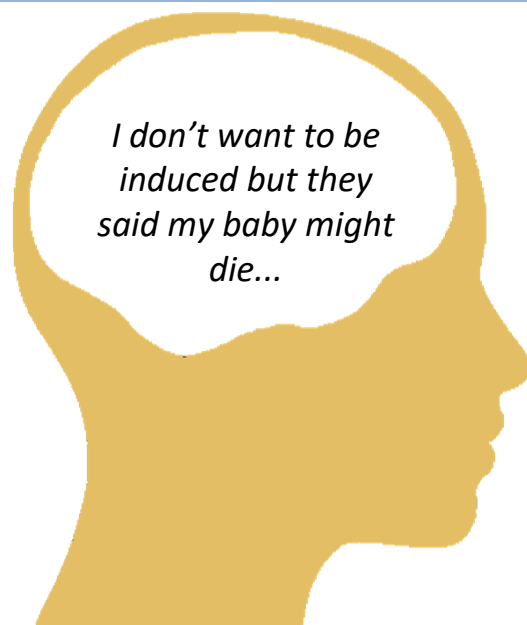
Semi- structured interviews will take place with pregnant women, midwives and obstetricians.

Documents which refer to induction of labour such as national and local guidance and information leaflets given to pregnant women will be examined.



Methodology

A critical linguistic ethnographical approach will explore the use of language by midwives and obstetricians when offering information about induction of labour. There are four social actors in my study: the pregnant woman, the midwife, the obstetrician, and me as the researcher. Each will have different experiences, beliefs and values about induction of labour which may be reflected in the language we use. My question refers to a perceived imbalance of power and injustice, that is, language may be persuasive.



Implications for Practice

A deeper understanding of the linguistic strategies used by midwives and obstetricians when offering induction of labour may lead to educational interventions aimed at improving how information is presented to women.

Information which is presented in an unbiased way, which includes alternative options and time for women to consider their own values and preferences, may support women better in the decision making process.